

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 10/517812

Publication Date \_\_\_\_\_

Publication No. WO 2004/07654 PCT/RO/101 ☒

Copy of ISR SE, Copy of IPER SE

Assignee information: \_\_\_\_\_

Priority Info: Country SE No. 0202188-9 date 7-11-02 MORE (turn over)

Correspondence checked: 5514

Inventor Name checked: F Harald L BREIVIK

Inventor Residence city: Porsgrunn, state and/or country NO citizenship: NO

International Application No. PCT 2003/1002827 Language Eng

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 31 Chargeable 31 Independent 3 multiple NO

Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 12-14-04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 12-14-04 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: ☒

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ☒ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 12-14-04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 12-14-04

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 01-8-05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_